Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

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|---|--|--------|---|--|--|-----------------------------------|--|------------------------------|------------------------|--|
| Establishment Name WAFFLE HOUSE #349 | | | | | | | Telephone Number | Date of Inspection | ID# | |
| Address 325 WEST SPRING STREET, NEW ALBANY IN 47150 | | | | | | Est 812-944-3141 Own 770-729-5742 | | 05/25/2021 | | |
| Owner MIDWEST WAFFLES | | | | | | | Purpose X Routine | Follow Up | Released 06/04/2021 | |
| Owner's Address P.O. BOX 6450 NORCROSS, GA 30091- | | | | | | | Follow-up Complaint | | | |
| Person in Charge JAZMEN HODGES | | | | | | | Pre-Operational | | | |
| Responsible Person's Email PORCHIATOBIAS@WAFFLEHOUSE.COM | | | | | | | Temporary HACCP | Menu Type 1 2 3 <u>X</u> 4 5 | | |
| Certified Food Handler PORCHIA TOBIAS-HOHL | | | | | | | Other (list) | | | |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R" | | | | | | | | | | |
| Section # | on# C NC R Narrative | | | | | | | To Be Corrected | | |
| 136 | X | | | • | oyee drink to be in servi | TODAY | | | | |
| 191 345 | X X | | | | te marks for pancake bar | TODAY TODAY | | | | |
| | X Observed wiping cloth in handwashing sink in the back. TODAY Observed small pan and wire basket in handwashing sink. | | | | | | | | | |
| 243 | | Χ | | Observed two boxes of single use cups on the floor in back storage area. TODAY | | | | | | |
| 245 | | Χ | Χ | Observed 3 wet wiping cloths outside of any sanitizing solution. Observed ice buildup on pipe and back of cooling unit in the walk in | | | | TODAY | | |
| 324 | | Х | | Observed ice bu freezer. | aildup on pipe and back | 6/8/21 | | | | |
| 392 394 | | X X | | | on the sides of the dump d, sticky liquids inside the | TODAY 5/28/21 | | | | |
| | | | | | | | | | | |
| Summary of Violations C <u>3</u> NC <u>5</u> R <u>1</u> | | | | | | | | | | |
| Received by (name and title printed): JAZMEN HODGES | | | | | | | Inspected by (name and title printed): Christa Manus EHS | | | |
| Received by (signature): | | | | | | | Inspected by (signature): | | | |
| cc: | | | | | cc: | | | cc: | | |